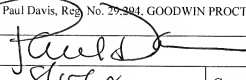


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/757,718
		<b>Filing Date</b>	01/13/2004
		<b>First Named Inventor</b>	West
		<b>Group/Art Unit</b>	2191
		<b>Examiner Name</b>	Dao, Thuy Chan
<b>Total Number of Pages in This Submission</b>	12	<b>Attorney Docket Number</b>	SYM-0004

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> 2 <sup>nd</sup> Supplemental <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s)- <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
<b>AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 07-1700 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER.</b>		
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Firm or Individual name	Paul Davis, Reg. No. 29,304, GOODWIN PROCTER LLP	
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